

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.).

ARBISER, Jack L.  
1690 Parliament Blvd.  
Atlanta, GA 30329  
United States of America

State (that is country) of nationality: US

State (that is, country) of residence: US

Name and address: (Family name followed by given name; for a legal entity, full official designation.. The address must include postal code and name of country.)

WHITMIRE, David  
P. O. Box 393  
Atlanta, GA 30677  
United States of America

State (that is, country) of nationality: US

State (that is, country) of residence: US

Name and address: (Family name followed by given name; for a legal entity, full official designation.. The address must include postal code and name of country.)

FURNESS, M. Scott  
9518 Beck Court  
Bethesda, MD 20817

State (that is, country) of nationality: US

State (that is, country) of residence: US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.).

State (that is country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.).

State (that is country) of nationality:

State (that is, country) of residence:

Further applicants are indicated on a continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is  agent  common representative

and  has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (*family name followed by given name; for a legal entity, full official designation.*)  
*The address must include postal code and name of country.*

COLEMAN, Henry D.  
Coleman Sudol Sapone, P.C.  
714 Colorado Avenue  
Bridgeport, CT 06605-1601  
United States of America

Telephone No.

(203) 366-3560

Facsimile No.

(203) 335-6779

Teleprinter No.

**Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed

the description  as originally filed  
 as amended under Article 34

the claims  as originally filed  
 as amended under Article 19 (together with any accompanying statement)  
 as amended under Article 34

the drawings  as originally filed  
 as amended under Article 34

2.  The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3.  The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (*This check box may be marked only where the time limit under Article 19 has not yet expired.*)

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Language for the purposes of international preliminary examination:**

...English.....

- which is the language in which the international application was filed.
- which is the language of a translation furnished for the purpose of international search.
- which is the language of publication of the international application.
- which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States (*that is, all States which have been designated and which are bound by Chapter II of the PCT*),

excluding the following States which the applicant wishes not to elect:

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purpose of international preliminary examination:

1. translation of international application : sheets
2. amendments under Article 34 : sheets
3. copy (or, where required, translation) of amendments under Article 19 : sheets
4. copy (or, where required, translation) of statement under Article 19 : sheets
5. letter : sheets
6. other (specify) : sheets

For International Preliminary Examining Authority use only

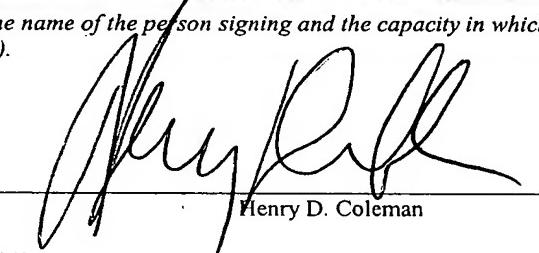
	received	not received
	<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                             | 4. <input type="checkbox"/> statement explaining lack of signature                              |
| 2. <input type="checkbox"/> separate signed power of attorney                            | 5. <input type="checkbox"/> Nucleotide or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input type="checkbox"/> other (specify):  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Henry D. Coleman

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only

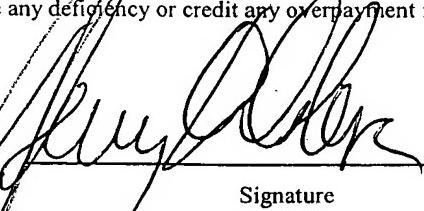
1. Date of actual receipt of DEMAND:		
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):		
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply	<input type="checkbox"/>	The applicant has been informed accordingly.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.		
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.		

For International Bureau use  
only

Demand received from IPEA on:

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US03/02105	For International Preliminary Examining Authority use only									
Applicant's or agent's file reference G25-073	Date stamp of the IPEA									
<p><b>Applicant:</b> The University of Georgia Research Foundation, Inc.</p> <p><b>Calculation of prescribed fees:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. Preliminary examination fee</td> <td style="text-align: right; width: 30%;"><u>\$490.00</u></td> <td style="width: 10%; text-align: right;">P</td> </tr> <tr> <td>2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</td> <td style="text-align: right;"><u>\$146.00</u></td> <td style="text-align: right;">H</td> </tr> <tr> <td>3. Total of prescribed fees. Add the amounts entered at P and H and enter total in the TOTAL box</td> <td style="text-align: right; border: 1px solid black; padding: 2px;"><u>\$636.00</u></td> <td style="text-align: right;">TOTAL</td> </tr> </table>		1. Preliminary examination fee	<u>\$490.00</u>	P	2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> )	<u>\$146.00</u>	H	3. Total of prescribed fees. Add the amounts entered at P and H and enter total in the TOTAL box	<u>\$636.00</u>	TOTAL
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3. Total of prescribed fees. Add the amounts entered at P and H and enter total in the TOTAL box	<u>\$636.00</u>	TOTAL								
<p><b>Mode of Payment</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with IPEA (see below)  <input checked="" type="checkbox"/> cheque  <input type="checkbox"/> postal money order  <input type="checkbox"/> bank draft         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash  <input type="checkbox"/> revenue stamps  <input type="checkbox"/> coupons  <input type="checkbox"/> other (<i>specify</i>): _____         </td> </tr> </table>		<input type="checkbox"/> authorization to charge deposit account with IPEA (see below) <input checked="" type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other ( <i>specify</i> ): _____							
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<p><b>Deposit Account Authorization</b> (<i>this mode of payment may not be available at all IPEAs</i>)</p> <p>The IPEA/ US <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.</p> <p><input checked="" type="checkbox"/> (<i>this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.</p>										
04-0838	6/27/03 									
Deposit Account No.	Date (day/month/year)	Signature								